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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Westphal et al.	)	Examiner:	LaRose, Colin M.
		)		
Application No.:	10/649,277	)	Attny Doc.:	31083.07US2
		)		
Filing Date:	08/27/2003	)	Art Unit:	2623
		)		
Title:	System And Method For	)		
	Image Compression, Storage	)		
	And Retrieval	)		

**Response To Office Action**

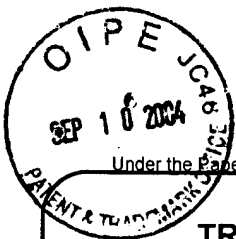
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated August 20, 2004, please amend the specification in the manner set forth on Page 2 of this response; please amend the claims in accordance with the listing of claims which begins on Page 3 of this paper; and please consider the remarks which begin on Page 11 of this paper.

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By: Ranni Matar  
Ranni Matar



PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/649,277	
	Filing Date	08/27/2003	
	First Named Inventor	Geoffry A. Westphal	
	Art Unit	2623	
	Examiner Name	LaRose, Colin M.	
Total Number of Pages in This Submission	17	Attorney Docket Number	31083.07US2

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> - return postcard		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Customer No. 34018, Gary R. Jarsik, Reg. No. 35,906
Signature	
Date	September 3, 2004

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Typed or printed name	Ranni Matar		
Signature		Date	September 3, 2004

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